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**Bristol Hospital
Plan of Correction-Action**

Tag/ Violation	Defined Measures to Prevent Reoccurrence	Responsible Person	Completion Date
<u>Section 19-13-D3 (b)</u> <u>Administration (2) and/or (d)</u> <u>Medical records (3) and/or (e)</u> <u>Nursing service (1).</u>	<p>Plan/System Improvement:</p> <p>The Director of Emergency Services and Clinical Coordinators of the Emergency department reviewed the hospital policy requiring appropriate documentation of a patient's care in a timely manner with the Emergency department staff.</p> <p>Implementation:</p> <ol style="list-style-type: none"> 1. Immediate corrective action plan was implemented with RN #2, which included re-education, 90 day probation and a written warning. 2. Immediately beginning on 6/19/2017, staff safety huddles held in the Emergency Department which are held at 7am and 3pm, included a review of documentation policies. 3. All emergency department nurses will read & sign the Bristol Hospital policy for nursing documentation by August 1, 2017. 4. This issue will be a standing monthly agenda item for the emergency department staff meetings for three months beginning July 27th, 2017. <p>Monitoring:</p> <ol style="list-style-type: none"> 1. An audit of RN #2's documentation in patient medical records will be conducted on a weekly basis to ensure appropriate and timely documentation. 2. The audit results will be reviewed weekly by the Director of Emergency Services. The audit will continue until 100% compliance is achieved for 4 consecutive months. 3. The Director of Emergency Services will inform the Quality department of the audit results on a monthly 	<p>Director of Emergency Services</p>	<p>Aug 31, 2017</p>

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	<p>4. Results of the audits will be reported to The Quality Improvement Committee of the Board basis.</p>	Director of Quality	

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